

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Akaniyene William Enik

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

BronxWorks, DHS, Montefiore
MEDICAL

COMPLAINT

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

RECEIVED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
JULY 2 2024
PAPERS FILED
CLERK'S OFFICE

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- Federal Question
- Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

VIOLATION OF THE FOURTH AMENDMENT, VIOLATION OF AMERICANS WITH DISABILITIES ACT (ADA), VIOLATION OF PRIVACY, EXCESSIVE FORCE, FALSE IMPRISONMENT, NEGLIGENCE, ADDITIONAL ALLEGATIONS.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
 (Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
 the State of _____
 and has its principal place of business in the State of _____
 or is incorporated under the laws of (foreign state) _____
 and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

AKANIYENE

First Name

W

Middle Initial

Otyk

Last Name

2404 ATLANTIC AVENUE #04

Street Address

BROOKLYN

County, City

NY

State

11235

Zip Code

(818)985-9411-(829)676-0970

Telephone Number

awetukoo@gmail.com

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

BRONX WORKS

First Name

Last Name

Current Job Title (or other identifying information)

3600 JEROME AVENUE

Current Work Address (or other address where defendant may be served)

BRONXNY10467

County, City

State

Zip Code

Defendant 2:

DEPARTMENT OF Human Services (DHS)

First Name

Last Name

Current Job Title (or other identifying information)

33 BEAVER STREET

Current Work Address (or other address where defendant may be served)

NEW YORKNY10004

County, City

State

Zip Code

Defendant 3:

NYPD

First Name

Last Name

Current Job Title (or other identifying information)

1 POLICE PLAZA

Current Work Address (or other address where defendant may be served)

NEW YORKNY10038

County, City

State

Zip Code

Defendant 4:

MONTEFIORE MEDICAL CENTER

Current Job Title (or other identifying information)

~~CONVENTIONAL MAIL OR OTHER IDENTIFICATION INFORMATION~~
111 EAST 210TH STREET

Current Work Address (or other address where defendant may be served)

BRONX NY 10467
County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: 3600 Jerome Avenue, Bronx, NY 10467

Date(s) of occurrence:

05/25/2024

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See attached document marked (S)

United State District Court



United States District Court

Southern District of New York

500 Pearl Street

New York, NY 10007

Akaniyene William Etuk

2402 Atlantic Avenue #04

Brooklyn, New York

awetuk001@gmail.com

1(818) 485-9411 / 1(929) 676-0970

Pro Se Plaintiff

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

Akaniyene William Etuk,

Plaintiff,

v.

BronxWorks, DHS, NYPD, MONTEFIORE MEDICAL,

Defendants.

Case No.: _____

United State District Court

2024
Facts

8. On May 25, at approximately 11:00 AM, officers from the NYPD, accompanied by staff from BronxWorks and DHS, arrived at Plaintiff's residence at 3600 Jerome Avenue, Bronx, NY 10467.
9. Despite having established residency for over one year and without providing proper notification, BronxWorks staff forcibly removed Plaintiff from his residence.
10. Plaintiff had previously reported to BronxWorks about an incident involving a staff member calling him derogatory names, but no corrective action was taken.
11. The NYPD officers, without Plaintiff's permission, transported Plaintiff to Jacobi Medical Center.
12. At Montefiore Medical Center, medical staff injected Plaintiff with an unknown substance without his consent, violating Plaintiff's rights under the Health Insurance Portability and Accountability Act (HIPAA).
13. Plaintiff's registered service animal, a dog, was also taken from him without his permission.
14. As a result of these actions, Plaintiff suffered physical and emotional injuries.

Claims for Relief

Count I: Violation of the Fourth Amendment

15. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein.
16. Defendants' actions in forcibly removing Plaintiff from his residence and transporting him without consent constituted an unreasonable seizure in violation of the Fourth Amendment.

United State District Court

Count VI: Negligence

25. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein.
26. Defendants' failure to provide proper notification and accommodations, and their neglect in handling Plaintiff's complaints, constituted negligence.

Additional Allegations

27. There is no evidence that these officers signed or did not sign an oath to "We the People."
28. There is no evidence that these officers are in fact police or policy enforcers for the original republic.
29. There is no evidence that these officers are not working for a foreign corporation.
30. There is no evidence that there was a victim to which I may have caused harm..

Prayer for Relief

WHEREFORE, Plaintiff respectfully requests that this Court enter judgment in his favor and against Defendants, and award Plaintiff:

- A. One million dollars (\$1,000,000.00) for each violation of Plaintiff's constitutional rights and the ADA;
- B. Punitive damages in an amount to be determined at trial;
- C. Declaratory relief stating that Defendants' actions violated Plaintiff's constitutional rights and the ADA;
- D. Injunctive relief preventing Defendants from engaging in similar conduct in the future;
- E. Reasonable attorney's fees and costs of this action;
- F. Such other and further relief as the Court deems just and proper.

Montefiore**AFTER VISIT SUMMARY****Akaniyene Etuk** MRN: 09857794 DoB: 1/8/1977

5/25/2024 Moses Division Hospital Emergency Department 718-920-5731

Instructions

- Go to Animal Care Centers of NYC at 326 E 110th Street, Manhattan to pick up your service animal
- Go to your new shelter Camba Atlantic House Men's Shelter at 2402 Atlantic Ave, Brooklyn 11233
- You can pick up your remaining property at Jerome Avenue Men's Shelter

Today's Visit

You were seen and/or your care was supervised by: Joan Gerbasi, MD, Adele T Munsayac, MD, Ayol Samuels, MD, Aubrey Vinh, MD, Mohana Biswas, MD, Zoe Kratina-Hathaway, MD, Arianne Foster, MD

Reason for Visit

Agitation

Diagnosis

Agitation

 Lab Tests Completed

Advanced microscopic (Ordered BY LAB ONLY)

Basic Metabolic Panel

CBC

Hematology Reflex Trigger

Liver Tests

Manual Differential & Smear Review

Thyroid Stimulating Hormone (TSH)

Thyroxine (T4)

Urinalysis

 Lab Tests in Progress

FLU/RSV + SARS-CoV-2 - POC

Urine, Drugs Screen (9) plus Buprenorphine

10/22/22, 12:22 PM

Vet Treatment History



**Animal
Care Centers
of NYC**

**2336 Linden Boulevard
Brooklyn NY 11208
212-788-4000**

Vet Treatment History**Owner Details**

Akaniyene Etuk
1923 McDonald Avenue APT 167
BROOKLYN NY 11223

818 485 9411
818 485 9411

Animal Details

Name: Veilee
Type: Dog
Mixed: Yes
Color(1): Unknown (update later)
Gender: Female
Spayed / Neutered: Unknown
Age: 10 Months

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment	Type	Date Given	Type	Expiration Date	Route Of Admin	Result	Vet	License #
1	Rabies Vaccine	22-Oct-2022	Killed				VET-P 991234	NY-010887
Vet Treatment Type								Due Date
1	Rabies Vaccine							22-Oct-2023

Vet Signature:

Dr. Michelle Lugones

Date: 10/22/2022 1:19:00 PM



Animal
Care Centers
of NYC

Reunification Form

326 East 110th Street
New York NY 10029
212-788-4000

Agent / Owner's Details

Person ID: 138876
Receipt #: 249314
Receipt Date: 7/12/2023

Person Name: Akaninyene Eink
Person Address: 1923 Mc Donald Avenue APT 167
BROOKLYN NY 11223
Email: awetuk01@gmail.com
Home Phone: _____
Mobile Phone: 818 489 9411

Animal Details:

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 176452	Veillee	Dog	Yes	Black Brown	
Gender	Spayed / Neutered	Age	Incoming Date	License fee	
Female	No	3 Years	6-Jul-2023		

Reunification Details:

Item	Amount

Products / Services:

Product / Service	Date	Quantity	Price Each
Microchip Implantation		1	\$0.00
Microchip Implantation		1	\$0.00
Bordetella Vaccine		1	\$15.00
DA2PP Vaccine		1	\$15.00
Dewormer Treatment		1	\$12.00
Medical Exam		1	\$30.00
NYC Dog Licence, unaltered [LICU]		1	\$34.00
Rabies Vaccine		1	\$15.00
Restoration/Redemption Fee		1	\$3.00
Total products / services fee included in payment details below:			\$124.00

Payment Details:

Fee	Amount
Reunification	\$0.00
Dog License	\$0.00
Amount Paid	\$0.00

Notes:

Entered By:456 991311 Printed By:456 991311 Printed On:Jul 12 2023 10:10AM

Reunification Agreement:

REUNIFICATION CONTRACT



Animal
Care Centers
of NYC

Agency Receipt

326 East 110th Street
New York NY 10029
212-788-4000

Person Details

Person Name: Police 52nd Precinct Police 52nd Precinct

Person Address: 3016 Webster Avenue
Bronx NY 10467

Home Phone:

Mobile/Phone: 718 220 5811

Email:

Identification Type:

ID Number:

Person ID: 5951
Receipt #: 285399
Receipt Date: 5/25/2024

Animal Details

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 153814	Veillee	Dog	Yes	Black	Tan
Gender	Spayed / Neutered	Age	Primary Microchip #	Rabies Tag	Date In / Found
Female	No	3 Years 8 Months 3 Weeks (approx)	985113005559199.	23-278818	25-May-2024

Payment Details:

Fee	Amount
	\$0.00

Notes:

Jurisdiction: Bronx

Entered By:1582 992296 Printed By:1582 992296 Printed On:May 25 2024 9:47PM Entered By User ID:1582

Conditions:

ACC's Surrender Prevention program can help you keep your pet! This program can provide you with information about free or low-cost veterinary care, pet food, behavior training, and more. Would you like to speak with an Admissions Counselor for more information? YES NO

PLEASE CONSIDER CAREFULLY

ANIMALS SURRENDERED TO ACC ARE CAREFULLY EVALUATED BASED ON AVAILABLE MEDICAL AND BEHAVIOR INFORMATION FOR ADOPTION, TRANSFER TO A RESCUE PARTNER, OR EUTHANASIA (HUMANELY PUT TO DEATH) AT THE SOLE DISCRETION OF ACC.

In consideration of Animal Care Centers of New York City ("ACC") accepting the animal described herein ("this animal"), I understand and agree as follows (please initial each section):

ACC does not guarantee that this animal will be adopted by a member of the public or transferred to a rescue partner. I understand that the length of time the animal may be held and the outcome, including adoption or humane euthanasia, is solely ACC's decision.

ACC may require that questions or other requests regarding the outcome of this animal be made in writing.

If this animal has bitten a person or animal, I will inform ACC.

X M Stack Overflow X M GitHub X G GMail X ChatGPT OpenAI X GPT3 X GPT4 X Complaints X Survey Requests X K9NG X Mail Analytics X + - D X ← → G https://usaservicedogregistration.com/tracker/trackingId=100007524

 USA SERVICE DOG
REGISTRATION
SERVICE ANIMAL TYPES ▾
STORE ▾
SUPPORT ▾
REVIEWS ▾
CALL OR TEXT NOW 760-282-7833
REGISTRATION LOOKUP
LOGIN

MY ACCOUNT
Print

HANDLER INFO



Akaninyene Etuk
1923 McDonald Avenue #107, Brooklyn,
NY, 11223
Email:
polyphonicsystems@gmail.com
Phone: 2135630546

REGISTERED ANIMALS

	Animal #1: Yellee Breed: Rottweiler Type: Service Dog	Handler: Akaninyene Etuk 1923 McDonald Avenue #107, Brooklyn, NY, 11223 polyphonicsystems@gmail.co m 2135630546	Registration: 1000076684 Service: Medical Alert Training Status: My Dog Is Trained Service Animal
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I have housing letter questions.
How to make my dog Servi.
Forgot my registration no..

...
100% 6/24/2024

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

See ATTACHED Document

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

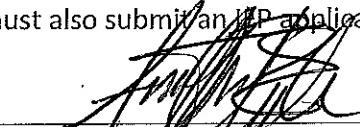
See ATTACHED Document

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>06/24/2024</u>		
Dated	Plaintiff's Signature	
<u>AKANIYENE</u>	<u>W</u>	<u>ETNK</u>
First Name	Middle Initial	Last Name
<u>2404 ATLANTIC AVENUE #04</u>		
Street Address		
<u>BROOKLYN</u>	<u>NY</u>	<u>1P233</u>
County, City	State	Zip Code
<u>(818)485 9411 (929)676-0970</u>		<u>awetukoo1@gmail.com</u>
Telephone Number		
Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.